

Filing Fee: \$50.00

ID Number: 85712



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

BUSINESS CORPORATION

CERTIFICATE OF CORRECTION

Pursuant to the provisions of Section 7-1.2-105 of the General Laws of Rhode Island, 1956, as amended, the undersigned corporation hereby submits the following Certificate of Correction:

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 JUN 21 AM 10:39

1. The name of the corporation is:
Colonial Construction of Newport, Inc.
2. The document to be corrected is Articles of Incorporation
3. The document being corrected was originally filed on 8/18/1995
4. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgement:
the corporate name should be "Colonial Construction Company of Newport, Inc., adding the word "
"Company" after the word "Construction"
5. The corrected portion of the document states as follows:
 1. The name of the corporation is: Colonial Construction Company of Newport, Inc.
6. The document attached to this certificate is the corrected document.
7. This Certificate of Correction shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing immediately

Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 6/19/18

Thomas P. Mazza
Signature of Authorized Officer of the Corporation

FILED

Thomas P. Mazza, Pres.

Type or Print Name of Authorized Officer

JUN 21 2018
BY 333194 A.A.
10:39 AM



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Articles of Incorporation
DOMESTIC Business Corporation

→ Filing Fee: \$230.00 minimum

STAMP

FOR
SECRETARY OF STATE
USE ONLY

The undersigned, acting as incorporator(s) of the corporation under RIGL 7-1.2-202,
adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

Colonial Construction Company of Newport, Inc. #85712

Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? ☒ Yes ☐ No

2. The total number of shares which the corporation has the authority to issue is:

(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)

| Total Authorized Shares (Number of Shares) | Class of Stock | Par Value Per Share |
|---|----------------|---------------------|
| 2000 | common | 0.00 |
| | | |
| | | |
| | | |

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2.
State any provisions here (optional):

Check the box to indicate an attachment ☐

3. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name **Thomas B. Orr, Esq.**

Street Address (NOT a P.O. Box) **55 Memorial Blvd.**

City/Town **Newport**

State **RHODE ISLAND**

Zip Code **02840**

4. The corporation has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

STAMP

FOR
SECRETARY OF STATE
USE ONLY

5. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment ☐

6. The name and address of each incorporator is:

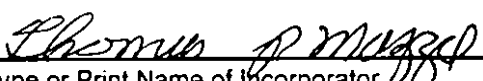
| | | |
|--------------------------------|---------------------------------|--------------------------|
| Name Thomas P. Mazza | Address P.O. Box 1464 | |
| City/Town Newport | State RI | Zip Code 02840 |
| Name | Address | |
| City/Town | State | Zip Code |
| Name | Address | |
| City/Town | State | Zip Code |

7. Date when these Articles of Incorporation will be effective: **CHECK ONE ONLY BOX**

- ☒ Date received (Upon filing)
☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

| | |
|--|------------------------|
| Type or Print Name of Incorporator Thomas P. Mazza | Date 6/19/18 |
|--|------------------------|

| | |
|--|--------------------|
| Signature of Incorporator  | SIGN DOCUMENT HERE |
|--|--------------------|

| | |
|------------------------------------|------|
| Type or Print Name of Incorporator | Date |
|------------------------------------|------|

| | |
|---------------------------|--------------------|
| Signature of Incorporator | SIGN DOCUMENT HERE |
|---------------------------|--------------------|

| | |
|------------------------------------|------|
| Type or Print Name of Incorporator | Date |
|------------------------------------|------|

| | |
|---------------------------|--------------------|
| Signature of Incorporator | SIGN DOCUMENT HERE |
|---------------------------|--------------------|